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### Special Issue on Computerized Treatments of Depression

Pim Cuijpers; Gerhard Andersson

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## EDITORIAL

### Special Issue on Computerized Treatments of Depression

There is no mental disorder with a higher disease burden on the population level than major depression. Not only are depressive disorders highly prevalent (Kessler et al., 1994; ESEMED, 2004), they also have a high incidence (Waraich, Goldner, Somers, & Hsu, 2004). Furthermore, they are associated with a considerable loss of quality of life in patients and their relatives (Ustun et al., 2004; Saarni et al., 2007), with increased mortality rates (Cuijpers & Smit, 2002), with high levels of service use, and with enormous economic costs (Berto et al., 2000; Greenberg & Birnbaum, 2005; Smit et al., 2006). The disease burden of depression is higher than the burden associated with diabetes, or all traffic accidents. At this moment major depression is the fourth disorder worldwide in terms of disease burden, and it is expected to be the disorder with the highest disease burden in high-income countries by the year 2030 (Mathers & Loncar, 2006).

Internet interventions can be an enormous help in providing evidence-based treatments for depressed patients. Although not all people with a depressive disorder seek professional help, about half of them do (Andrews et al., 2001; Bijl & Ravelli, 2000). This results in huge numbers of patients who have to be treated in primary and mental health care. Internet interventions have the potential to reduce the resources needed for the treatment of these patients, because they can save a considerable part of the therapist's time, may reduce waiting-lists, and may stimulate efficiency because there is no need to schedule appointments with a therapist. Because the threshold to participate in Internet interventions is low, it may be possible to reach depressed patients in the early stages of their disorder, and prevent these cases from becoming severe and chronic.

Internet interventions also have several advantages for patients, including reduced waiting time for a therapist, no travelling time, a reduction of the stigma of going to a therapist, and the possibility of working at their own time and pace. It also stimulates self-management and empowerment of patients, because the basic idea of most Internet interventions is that the patient applies a treatment to him or herself, while the therapist only supports the patients in working through the treatment.

There are, of course, also disadvantages and dangers worth mentioning. Patients may not be able to finish a self-help intervention, which may result in a negative experience that could have a detrimental effect on their condition. Also, a patient's problems may be too severe for an (unsupported) self-help intervention, which may prevent the provision of adequate help. Or the patient may suffer from a different disorder than the one aimed at by the intervention at stake.

Most of these advantages and disadvantages of Internet interventions are still hypothetical. Although the number of studies examining these interventions has exploded in the past few years, many issues remain unclear. This issue of *Cognitive Behaviour Therapy* includes a series of important articles that will definitely help in establishing a better evidence base for Internet interventions.

The article from Andersson and Cuijpers in this special issue provides a new meta-analysis of Internet-based and computer-aided treatments for depression. This meta-analysis shows that this type of intervention is clearly effective in the treatment of depression, with effect sizes which are comparable to those found for more traditional types of psychological treatments for depression (Churchill et al., 2001; Cuijpers, van Straten,

Andersson, & van Oppen, 2008), especially for those treatments in which professional support is provided. When no support is given during the intervention, and the patient has to work through the intervention without any kind of support, the effect sizes are much smaller than in those interventions in which some kind of support is provided. This meta-analysis leaves no doubt that Internet-based and computer-aided psychological treatments deserve a place among other evidence-based treatments for depression.

However, meta-analyses can only give an overall estimate of the effects of an intervention. In order to understand what happens in a therapy, what components are responsible for the effects, and how the treatment effects can be optimized, we need more primary studies examining the effects of Internet-based and computerized treatments for depression. This special issue provides several of these studies. The study by Ruwaard and colleagues is a randomized controlled trial in which they examine an extensive type of Internet-based CBT for depression. Where many Internet-based use guided self-help interventions, where the patient has to work through the treatment themselves with minimal support by a therapist, this intervention provides full CBT through the Internet. The results of this trial are impressive, with large effect sizes and low drop-out rate. This study clearly shows that full CBT is possible through the Internet, and that the effects of such an intervention are as strong as face-to-face CBT.

In another randomized controlled trial by Clarke and colleagues, the effects of an unsupported type of Internet-based CBT are presented. This study focuses not only on the question whether unsupported Internet-based CBT is effective in reducing depressive symptomatology, but examines whether this has an additional effect in patients who already receive a substantial treatment package consisting of pharmacotherapy and psychosocial services. Although the effect sizes the researchers found were relatively small, it is remarkable that such a low-intensity intervention is capable of improving the outcomes. Because unsupported Internet-based CBT does not need any involvement from professionals, and can be disseminated relatively easy and on a large scale, the impact

of these interventions can be considerable from a public health point of view.

There may be sufficient evidence now that Internet-based and computerized CBT are effective in the treatment of depression, but it is not yet well known how these treatments are received by the patients who are expected to use them. In this issue, Cavanagh and colleagues present a study examining the acceptability of computer-aided CBT. *Beating the Blues* was one of the first computerized CBT interventions that was examined with a rigorous and large randomized trial. In this study the authors show that women especially respond more favourably to this treatment than men, but overall the acceptability is good and there is no reason to assume that it is less acceptable than more traditional types of CBT.

In the last article in this special issue, Almlöv and colleagues examine another issue which is crucial for the further development of Internet-based CBT for depression. Are all therapists who provide support to patients in Internet-based CBT equally effective? If this were true, we would have to conduct more research into the qualities an Internet therapist would need to have, in addition to the overall expertise which all therapists must have. This would have considerable consequences for the training and qualifications for Internet therapists. However, this study does not find strong evidence that there are large differences between therapists.

This special issue does not only present the data of several important studies that contribute to our knowledge about Internet-based and computerized CBT, but overall it provides scientifically sound and cutting-edge information about an important new field of treatment, that may help considerably in reducing the disease burden of depression.

Pim Cuijpers and Gerhard Andersson

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